

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                     |
|------------------------|---------------------|
| Application Number     | 10/723,267          |
| Filing Date            | November 26, 2003   |
| First Named Inventor   | Zainiev, Gafur      |
| Art Unit               | 2636                |
| Examiner Name          | Julie Bichngoc Lieu |
| Attorney Docket Number | 020044-000311US     |

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form  
 Fee Attached  
 Amendment/Reply  
 After Final  
 Affidavits/declaration(s)  
 Extension of Time Request  
 Express Abandonment Request  
 Information Disclosure Statement  
 Certified Copy of Priority Document(s)  
 Reply to Missing Parts/ Incomplete Application  
 Reply to Missing Parts under 37 CFR 1.52 or 1.53

Drawing(s)  
 Licensing-related Papers  
 Petition  
 Petition to Convert to a Provisional Application  
 Power of Attorney, Revocation  
 Change of Correspondence Address  
 Terminal Disclaimer  
 Request for Refund  
 CD, Number of CD(s) \_\_\_\_\_  
 Landscape Table on CD

After Allowance Communication to TC  
 Appeal Communication to Board of Appeals and Interferences  
 Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  
 Proprietary Information  
 Status Letter  
 Other Enclosure(s) (please identify below):  
Return Postcard

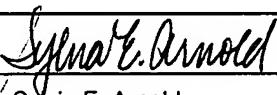
|         |  |
|---------|--|
| Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |
|---------|--|

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Gerald T. Gray  |          |        |
| Date         | November 30, 2004   | Reg. No. | 41,797 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |   |
|-----------------------|---|
| Signature             |  |
| Typed or printed name | Sylvia E. Arnold  |
| Date                  | November 30, 2004   |

DEC 03 2004

# FEET TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55

| Complete if Known    |                     |
|----------------------|---------------------|
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| Attorney Docket No.  | 020044-000311US     |

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number

20-1430

Deposit Account Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity      Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description        | Fee Paid |
|----------|----------|----------|----------|------------------------|----------|
| 1001     | 790      | 2001     | 395      | Utility filing fee     |          |
| 1002     | 350      | 2002     | 175      | Design filing fee      |          |
| 1003     | 550      | 2003     | 275      | Plant filing fee       |          |
| 1004     | 790      | 2004     | 395      | Reissue filing fee     |          |
| 1005     | 160      | 2005     | 80       | Provisional filing fee |          |

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entity      Small Entity

| Total Claims       | Fee from below |          | Fee Paid |
|--------------------|----------------|----------|----------|
|                    | Extra Claims   | Fee (\$) |          |
| Independent Claims |                |          |          |
| Multiple Dependent |                |          |          |

X =

Fee from below

Fee Paid

Fee from below

Fee Paid

Fee from below

Fee Paid

SUBTOTAL (2) (\$)

\*\* or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |                       | Complete (if applicable)          |        |           |                   |
|-------------------|-----------------------|-----------------------------------|--------|-----------|-------------------|
| Name (Print/Type) | Gerald T. Gray        | Registration No. (Attorney/Agent) | 41,797 | Telephone | 925-472-5000      |
| Signature         | <i>Gerald T. Gray</i> |                                   |        | Date      | November 30, 2004 |

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